

Add Dependent



King County

Benefits, Payroll and
Retirement Operations

- Submit this form **within 30 days** after your qualifying life event to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333, fax it to 206-296-7700, or email a scanned copy to kc.benefits@kingcounty.gov.
- Except for a newborn or adopted child, you must submit this form within 30 days after the qualifying life event. If you do not, you will not be able to add the dependent until the next annual open enrollment.
- For a newborn or adopted child, you must submit this form within 30 days if you want to add non-medical coverage for life insurance and accidental death and dismemberment (AD&D) insurance.
- Because of your qualifying life event, you may also need to submit other forms: Affidavit of Marriage/Domestic Partnership, Life/AD&D Change and beneficiary designation forms.
- Questions? Go to www.kingcounty.gov/employees/benefits, email kc.benefits@kingcounty.gov or call 206-684-1556.

Indicate the event that qualifies adding your dependent at this time

- ☐ Marriage, including same-sex marriage (attach copy of marriage certificate or Affidavit of Marriage/Domestic Partnership)
- ☐ Establishment of domestic partnership (attach Affidavit of Marriage/Domestic Partnership)
- ☐ Birth/adoption (to add non-medical coverage for life and AD&D coverage, submit within 30 days) (attach documentation)
- ☐ Legally designated ward (attach documentation)
- ☐ Loss of other coverage (describe other coverage, who provided it and date it ended) _____

Provide information about your family member

- Relationship to you ☐ Spouse ☐ Domestic partner ☐ Biological/stepchild ☐ Domestic partner child ☐ Adopted child ☐ Legal ward
- Name _____
- Social Security number _____
- Birth date _____ ☐ Male ☐ Female
- If spouse/domestic partner, is he/she County employee, too? ☐ Yes ☐ No

Indicate the benefits you want your family member to have

Because of your qualifying event, you may:

- Add dependents for health coverage
- Add supplemental life insurance for dependents and add or increase supplemental life insurance for yourself
- Add supplemental accidental death and dismemberment (AD&D) insurance for dependents and add or increase supplemental AD&D for yourself.

Please check all that apply:

- ☐ Add health coverage for dependents (medical, dental and vision)
- ☐ Add health coverage for same-sex spouse, granting health coverage without federal tax withholding on the value of that coverage
- ☐ Add supplemental life insurance for yourself or increase your supplemental life insurance (complete a Life/AD&D Change form)
- ☐ Add supplemental life insurance for dependents if you have supplemental life insurance for yourself (complete a Life/AD&D Change form)
- ☐ Add supplemental AD&D insurance for yourself or increase your supplemental AD&D insurance (complete a Life/AD&D Change form)
- ☐ Add supplemental AD&D insurance for dependents if you have supplemental AD&D insurance for yourself (complete a Life/AD&D Change form)

If you're in the part-time Local 587 Partial Benefits Plan, you may add a dependent for all or part of the health coverage you purchase for yourself. Contact Benefits, Payroll and Retirement Operations at 206-684-1556 to discuss your options.

(over)

Benefit Access Fee

Employees pay a \$50/month benefit access fee for covering a spouse/domestic partner on County medical insurance unless they qualify for an exception. To indicate whether or not you qualify for an exception, you must elect one of the following options. By checking an option, you affirm that the statement is true.

Please note you will need to go online during open enrollment every year to make the appropriate election that reflects your status for the following year.

For the current year, I make the following election:

- ☐ Opt Out or No SP/DP – \$0
I am either opting out or do not have a spouse or domestic partner. I understand I will not be charged a benefit access fee.
- ☐ No Coverage for SP/DP – \$0
I choose not to cover my spouse or domestic partner with King County medical benefits. I understand I will not be charged a benefit access fee.
- ☐ SP/DP is a KC Employee – \$0
My spouse or domestic partner is a King County benefit-eligible employee. I understand I will not be charged a benefit access fee.
- ☐ SP/DP Benefit Access Fee – \$50
My spouse or domestic partner has access to medical coverage through his/her employer; however, I choose to cover my spouse through King County and will pay the \$50 monthly access fee.
- ☐ SP/DP No Access to Health – \$0
My spouse or domestic partner is either not employed or his/her employer does not offer medical coverage to employees in his/her classification. I understand I will not be charged a benefit access fee.
- ☐ Enrolled in SmartCare Connect – \$0
I have elected to enroll in SmartCare Connect (Group Health). I understand I will not be charged a benefit access fee.

Authorize your change

This information is true, correct and complete and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested change. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. If I'm adding a domestic partner and/or a domestic partner's children, I understand deductions based on the taxable value of their benefits will be deducted from my paycheck retroactive to the date the coverage begins. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____

Office use only	Date received	Processed by	Audited by	Date effective